

# BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE		
						APPLICANT(S)			
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
1	1					51	2		
2	1					52	2		
3	2					53	2		
4	2					54	1		
5	2					55	1		
6	2					56	1		
7	2					57	1		
8	2					58	1		
9	2					59	1		
10	2					60			
11	2					61			
12	1					62			
13	1					63			
14	1					64			
15	1					65			
16	1					66			
17	1					67			
18	1					68			
19	1					69			
20	1					70			
21	1					71			
22	1					72			
23	1					73			
24	2					74			
25	2					75			
26	1					76			
27	1					77			
28	1					78			
29	1					79			
30	1					80			
31	1					81			
32	2					82			
33	1					83			
34	3					84			
35	3					85			
36	1					86			
37	1					87			
38	2					88			
39	1					89			
40	1					90			
41	1					91			
42	1	1				92			
43	1					93			
44	1					94			
45	1					95			
46	1					96			
47	1					97			
48	1					98			
49	1					99			
50	1					100			
TOTAL IND.	19					TOTAL IND.			
TOTAL DEP.	46					TOTAL DEP.	12		
TOTAL CLAIMS						TOTAL CLAIMS			